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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/675,565	
	Filing Date	Sep 30, 2003	
	First Named Inventor	Varma, Subir	
	Art Unit	NYA	
	Examiner Name	NYA	
Total Number of Pages in This Submission	10	Attorney Docket Number	164.1002.08

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
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22883

164.1002.08

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Subir VARMA *et al.*

Serial No.: 10/675,565

Filed: September 30, 2003

For: Adaptive Link Layer for Point to
Multipoint Communication
System

Art Unit: To Be Assigned

Examiner: To Be Assigned

Tel: To Be Assigned

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SECOND PRELIMINARY AMENDMENT

Dear Examiner:

Prior to examination, please amend the above-identified application as follows.